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Attorney Docket No.:SNS-005

NOV 09 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Smith
SERIAL NO.: 10/658,352 GROUP NO.: 2661
FILED: September 9, 2003 EXAMINER: Not yet assigned
TITLE: Data Adaptation Protocol

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being faxed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at Facsimile No. (703) 872-9306 on this 9 day of November, 2004.


Jamie Crystal

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

- Submitted herewith are:
- Revocation of Attorney with new Power of Attorney and Change of Correspondence Address (1 page)
 - Certificate of Facsimile Transmission under 37 C.F.R. 1.8 (1 page)
 - Transmittal Form (1 page)

6913/63672-002 BNL1B1/7504v1

TRANSMITTAL FORM

Application Serial Number	10/658,352
Filing Date	September 9, 2003
First Named Inventor	Smith
Group Art Unit	2661
Examiner Name	Not yet assigned
Attorney Docket No.	SNS-005
Patent No.	Not yet assigned
Issue Date	Not yet assigned

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>] <input type="checkbox"/> Petition for Extension of Time

<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

<input type="checkbox"/> Status Inquiry

<input type="checkbox"/> Return Receipt Postcard

<input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8


<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|--|--|

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Proskauer Rose LLP
One International Place
14th Floor
Boston, MA 02110-2600
Tel. No.: (617) 526-9600
Fax No.: (617) 526-9899

SIGNATURE BLOCK

Date: November 9, 2004
Reg. No.: 42,898
Tel. No.: (617) 526-9620
Fax No.: (617) 526-9899

Respectfully submitted,

David G. Miranda
Attorney for the Applicant(s)
Proskauer Rose LLP
One International Place
14th Floor
Boston, MA 02110-2600

PTO/SB/02 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/658,352
Filing Date	September 8, 2003
First Named Inventor	MARK SMITH
Art Unit	
Examiner Name	
Attorney Docket Number	50031/7001

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with at Customer Number:

42532

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

42532

OR

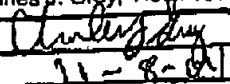
<input type="checkbox"/> Firm or Individual Name	Proskauer Rose LLP				
Address	One International Place				
Address		State	MA	Zip	02110
City	Boston				
Country					
Telephone	617-526-9800	Fax	617-526-9899		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest.
Sonus Networks, Inc. is a corporation and the assignee of the entire right, title, and interest in the patent application
identified above by virtue of an assignment recorded in the USPTO at Reel 014442, Frame 0714. The undersigned is authorized
to act on behalf of the assignee.

SIGNATURE of Applicant or Assignee of Record

Name and Title	Charles J. Gray, Vice President and General Counsel		
Signature			
Date	11-8-04	Telephone	978-614-8505

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below.

☒ *Total of 1 form is submitted.

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6913/65872-002 BNLB1/6975v1